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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Cuan Chaitriona Nursing Home
Name of provider:	Newbrook Nursing Home Unlimited Company
Address of centre:	The Lawn, Castlebar, Mayo
Type of inspection:	Unannounced
Date of inspection:	21 January 2025
Centre ID:	OSV-0000334
Fieldwork ID:	MON-0043520

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The designated centre is registered to accommodate up to 58 residents, male and female, over 18 years of age who require respite, convalescence, short and long-term care. The centre provides care for needs ranging from low to maximum dependency levels, including general care of the older person, care of the persons with physical disability, intellectual disability, acquired brain injury, palliative and dementia care. Accommodation consists of 52 single and three twin bedrooms, each with its own en-suite facility. There are a variety of communal facilities available including three large day room areas, two dining rooms an oratory and an activity room. In addition there are three internal courtyards that are easily accessible from various points in the building. The stated aim of the centre is to provide a residential setting wherein residents are cared for, supported and valued within a care environment that promotes their health and wellbeing.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	58
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 21 January 2025	09:00hrs to 16:00hrs	Catherine Rose Connolly Gargan	Lead

## What residents told us and what inspectors observed

Overall, residents confirmed that they were satisfied with the service they received and the quality of their lives in Cuan Chaitriona Nursing Home. There was a calm and relaxed atmosphere within the centre throughout the day of this inspection. Residents were observed moving freely and unrestricted around the premises as they wished. Management and staff demonstrated that they knew the residents well, and were familiar with each residents' needs and individual preferences regarding their care and daily routines. Staff were observed by the inspector to interact with, and support residents in a respectful and unhurried way. Residents described staff as 'friendly', 'respectful', 'kind', 'always helpful' and 'great fun'.

On arrival to the centre, the inspector met with the Person in Charge. An introductory meeting was commenced followed by a walkabout of the centre. This gave the inspector the opportunity to meet with residents and staff, to observe the residents in their home environment, and to observe staff practices. The inspector observed that many residents were being assisted to get up from bed and were being supported by staff to transfer to the communal rooms. A number of residents were already up and going about their day while others preferred to get up later in the morning. Residents told the inspector that they decided what time they went to bed each evening and what time they got up in the morning and that their choices were always respected by staff. Each resident's preferences regarding their daily routines were detailed in their care plans so that staff were informed.

Cuan Chaitriona Nursing Home is located on an elevated site on the edge of Castlebar town in County Mayo. Residents' accommodation is provided on ground floor level throughout, in mostly single-occupancy bedrooms and a small number of twin-occupancy bedrooms. The majority of the residents' bedrooms were personalised with their photographs and other personal belongings. The inspector observed that the layout and design of three twin-occupancy bedrooms viewed did not meet residents' needs. The inspectors' findings are discussed further in the quality and safety section of this report. Items of domestic and antique furniture along with colourful wall paintings and artwork by residents displayed on the walls added to making the environment familiar, comfortable and homely for residents. There are a range of residents' communal sitting rooms available throughout the building. These rooms are spacious and welcoming and provided residents with areas where they could meet together, relax in a quieter area or meet their visitors in private as they wished.

Many of residents told the inspector that they previously lived in the local area and were pleased that they could continue to live in an area they were familiar with, and that was convenient for visits from their families and friends still living in or around the locality. One resident told the inspector that they could see the area they lived in from the nursing home. Residents' comments to the inspector regarding their

experience of living in the centre included 'the best in the west', 'glad to be living here' and one resident said 'my worries are gone'.

Residents who had difficulty with communicating their needs appeared comfortable and content with living in the centre. Staff were observed to be particularly attentive to these residents' needs for care and support during the day of this inspection. The inspector observed that all residents were comfortable in the company of staff and, staff and resident interactions, were respectful, kind and caring.

A varied social activities schedule was available and was tailored to suit the capacities and interests of all residents. Residents' comments regarding the social activities programme included 'there's always something interesting happening', 'do a lot more here than they ever did living at home' and one resident said they enjoyed the 'banter' with staff and other residents best of all.

The inspector observed that residents were engaged in the various social activities taking place throughout the day and that a cookery activity where the residents were making pancakes in the afternoon was a highlight for those residents participating in the activity. Residents who did not wish to participate in the group social activities taking place in the main communal sitting room were supported by the activity coordinators to participate in various one-to-one activities. Specially adapted tables were provided to enable residents using high support wheelchairs to sit closely into a table top surface during mealtimes and to participate in social activities where the resident required a work surface.

Some residents liked to spend time reading the newspapers and they chatted with the inspector about the local news in their newspapers. Care staff were also seen regularly checking in on a small number of residents who preferred to spend time in their bedrooms. Staff were observed chatting with these residents and ensuring that they had their preferred television and radio programmes available to them. Some residents and staff were members of the nursing home choir and told the inspector how much they enjoyed the weekly practices and monthly recitals.

Overall, the general environment including residents' bedrooms, communal areas and furnishings appeared visibly clean and were well maintained. The enclosed external courtyards were accessible to residents from a number of doors along the corridors. These outside areas were well-maintained and provided safe outdoor spaces for residents to use as they wished.

The inspector observed that the ancillary facilities supported effective infection prevention and control procedures. There was a treatment room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings. Staff also had access to a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment. These rooms were observed to be clean and tidy.

Residents told the inspectors that they felt very safe and secure in the centre and that they would speak to a staff member or their relatives if they had any concerns or were dissatisfied with any aspect of the service they received.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

Overall, this unannounced inspection found that the designated centre was well managed for the benefit of the residents. Managers and staff were working to ensure that residents received a high standard of care and support in line with their needs and preferences. However some improvements were required in relation to emergency fire evacuation procedures and in relation to how the layout of some of the twin-occupancy rooms met the needs of the residents accommodated in those rooms..

The inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the provider's progress with completing the actions they had committed to in their compliance plan from the last inspection in May 2024 and on the statutory notifications and other information received since the last inspection. The inspector found that the provider had completed the actions they committed to in their compliance plan from the last inspection.

Newbrook Nursing Home Unlimited Company is the registered provider of Cuan Chaitriona Nursing Home. There is a clearly defined management structure in place that identifies the lines of authority and accountability, specified roles, and detailed responsibilities for all areas of care provision. The management team consisted of a person in charge and an assistant director of nursing who were supported by a team of nursing staff, health care assistants, housekeeping and catering staff, activity staff, an administration team and maintenance personnel. Additional support to the local management team in the centre was provided by a regional manager who also had oversight responsibility for a number of other designated centres operated by the provider.

There was evidence of regular governance and management meetings and the records of these meetings evidenced that quality improvement plans were being developed and implemented to address deficits identified in the service. However, the audit programme in place to monitor the quality and safety of the service was not effectively identifying non compliant findings in relation to the layout of twin bedrooms and fire safety on this inspection.

There were adequate numbers of staff on duty on the day of this inspection to meet the needs of residents and to support residents to spend their day as they wished. This included staff with appropriate skills to ensure that residents with cognitive impairment, or who did not attend the sitting room during the day had equal access to meaningful activities to meet their interests and capacities. Staff demonstrated

accountability for their work and were knowledgeable about their roles and responsibilities. Staff were responsive to residents' needs for assistance and support.

The person in charge had systems in place to manage staff training in line with the provider's policies and procedures. All staff were facilitated to attend mandatory and professional development training to ensure they had the necessary skills and competencies to meet residents' needs. Systems were in place to ensure all new staff who joined the service were inducted and staff working in the centre had appropriate vetting in place in line with the National Vetting Bureau requirements.

The provider had arrangements for recording accidents and incidents involving residents in the centre and for appropriately notifying the office of the Chief Inspector as required by the regulations. The inspector found that all notifiable incidents that had occurred in the centre had been reported in writing to the Chief Inspector's office, as required by the regulations. Records were maintained as required by the regulations and resident and staff records were stored securely.

An annual review of the quality and safety of care had been completed for 2024 in consultation with residents. Residents' feedback was used to inform this review.

#### Regulation 14: Persons in charge

The person in charge commenced in this role in April 2021. The person in charge is a registered nurse and has the clinical and management experience and qualifications as required by the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

There were adequate numbers of staff with appropriate skills available to meet residents' assessed care and support needs. Staff were knowledgeable regarding residents' individual needs and attended to their needs for assistance without any delays.

Judgment: Compliant

#### Regulation 16: Training and staff development

All staff had attended up-to-date mandatory training on fire safety, safeguarding residents from abuse and safe moving and handling procedures. The person in

charge had ensured that all staff working in the centre attended professional development training, as necessary, to update their skills and knowledge to competently meet residents' needs.
Staff were appropriately supervised according to their individual roles.
Judgment: Compliant
Regulation 19: Directory of residents
A directory of residents in the centre was maintained and included all information pertaining to each resident as specified by the regulations.
Judgment: Compliant
Regulation 21: Records
Records as set out in Schedules 2, 3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.
Judgment: Compliant
Regulation 23: Governance and management
<p>Although, the provider had systems in place to monitor the quality and safety of the service, improved oversight by the provider was necessary as evidenced by the following findings;</p> <ul style="list-style-type: none"> <li>• Oversight of the premises did not ensure that the private accommodation for residents accommodated in a number of the twin bedrooms met their needs and ensured their privacy and dignity was respected.</li> <li>• The provider's oversight and management of fire safety in the centre was not effective and risks to residents safety in the event of a fire in the centre were not effectively mitigated. The findings of this inspection are discussed further under Regulation 28: Fire precautions.</li> </ul>
Judgment: Not compliant

## Regulation 31: Notification of incidents

A record of accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted as required and within the time-frames specified by the regulations.

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of any notifiable outbreaks of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations, within three working days of their occurrence.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The centre's policies and procedures were undated within the last three years but the inspectors found that the centre's fire policy in relation to the frequency and procedure for checking of fire doors was not implemented in practice on this inspection to ensure that all fire doors in the centre were operating as required.

Judgment: Substantially compliant

## Quality and safety

Overall, this inspection found residents' were provided with good standards of nursing and healthcare. Residents' rights were mostly respected and residents were provided with opportunities to participate in meaningful social activities that were tailored to meet their interests and individual capacities.

Although the provider had arrangements in place for regular fire safety checking procedures and servicing of fire safety equipment to ensure residents' safety, some areas of fire safety oversight required improvements as set out under Regulation 28: Fire Safety.

The provider had effective measures in place to protect residents from risk of infection.

The residents' bedrooms and communal living areas were maintained to a good standard. However, the layout and design of four the twin-occupancy bedrooms impacted on the personal space available to each resident. As a result, residents' needs and right to privacy could not be adequately met in these bedrooms. The

inspector's findings are discussed further under Regulation 9: Residents' Rights, Regulation 12: Personal Possessions and Regulation 17: Premises.

Residents' nursing care and support needs were met to a high standard by staff, and residents were facilitated with timely access to their general practitioner (GP) and health care professionals. Residents' care was delivered by staff in accordance with their preferences and in line with their care plans. Residents' care plans were regularly reviewed in consultation with them and/or their representatives.

Residents were provided with opportunities to participate in varied and meaningful social activities programme to meet their needs on this inspection. Residents who remained in their bedrooms had equal access to social activities that interested them and were in provided in line with their individual capacities.

Residents were supported to practice their religion and clergy from the different faiths were available as residents wished. Residents were supported to speak freely and provide feedback on the service they received.

Residents who had difficulty communicating were well supported. Issues brought to the attention of staff were addressed. Residents had access to televisions, telephones and newspapers and were able to avail of advocacy services.

Measures were in place to safeguard residents from abuse and residents confirmed that they felt safe and secure in the centre. Staff had completed up-to-date training in prevention, detection and response to abuse. Staff who spoke with the inspectors were knowledgeable regarding the reporting arrangements in the centre and their responsibility to report any concerns they may have regarding residents' safety.

### Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely and staff were aware of their needs. Each resident's communication needs were regularly assessed and a person-centred care plan was developed for residents who needed support from staff and signage and specialised assistive equipment was made available to support residents with meeting their communication needs.

Judgment: Compliant

### Regulation 11: Visits

There were no restrictions on residents' family and friends visiting them and practical infection and control precautions were in place to protect residents from risk of infection visitors were observed visiting residents in the centre on the day of inspection. Residents told the inspector that their visitors were always welcomed

and that they were able to meet with their visitors in a private area outside of their bedrooms as they wished.

Judgment: Compliant

## Regulation 12: Personal possessions

Although wardrobes were provided for all residents, one resident accommodated in one of the twin bedrooms could not maintain control of their possessions in their wardrobe as it could be accessed by the others without their knowledge and consent.

Residents in a number of the beds in the twin bedrooms did not have a suitable surface or shelf to display their personal photographs in their bedrooms if they chose to do so.

Residents in one twin bedroom did not have their bedside lockers by their beds due to the limited space available by their beds. Their bedside lockers were placed along an opposite wall in their bedroom which, meant that the residents residing in this bedroom could not access their personal belongings in their lockers.

Judgment: Substantially compliant

## Regulation 17: Premises

The layout of three of the twin-occupancy bedrooms did not ensure the personal space available for each resident met their needs. The inspector observed that;

- the location of the beds in two twin-occupancy bedrooms did not facilitate both residents to sit in a chair by their beds if they wished, without obstructing their access to their bedside lockers.
- in a third twin-occupancy bedroom, the circulation space between the bottom of one resident's bed and the adjacent wall was not usable due to the limited space available and the location of the television fitted at a level that posed a risk of injury to residents. This arrangement meant that this resident could not access their wardrobe located on the other side of their bed without moving their bed completely out of their bed space.

Call bells were not fitted in the snoozolan/hairdressing room or in the visitor's room. This meant that residents using these rooms could not call for staff assistance including in an emergency.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Assurances regarding residents' safety in the event of a fire in the centre were not adequate as follows;

- Information was not available to give assurances that the timber ceilings in two communal rooms used by residents met required fire rating criteria and did not pose a risk to residents' safety in the event of a fire in the centre.
- The inspector found that there was gaps on closure of number of cross corridor fire doors and two cross corridor fire doors did not fully close. Evidence was not available that the function and integrity of the fire doors were checked as part of the weekly checks of key fire safety equipment. This meant that a system was not in place to identify fire doors that were not functioning as required and that smoke and fumes would not be effectively contained in the event of a fire.
- Assurances were not available that the fire alarm system in place covered all areas of the designated centre building.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicines management procedures and practices that were in line with professional guidance and standards. Residents' medicine prescriptions were prescribed by their general practitioners (GPs) and residents' medicines were administered by nursing staff as prescribed.

Medicines controlled by misuse of drugs legislation were stored securely and balances were checked twice daily. Balances of a sample of controlled drugs checked by the inspector were correct. Medicines requiring temperature controlled storage were stored in a refrigerator and the refrigerator temperatures was checked daily by staff.

All multi-dose medicines were dated on opening to ensure recommended use periods were not exceeded. Procedures were in place for recording and return of unused or out-of-date medicines to the dispensing pharmacy.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Residents' needs were comprehensively assessed within 48 hours of their admission and regularly thereafter. Staff used a variety of accredited assessment tools to assess each resident's needs, which included assessment of risk of falling, malnutrition, pressure related skin damage and residents' support needs to ensure their safe mobility among others. These assessments informed residents' care plans which detailed each resident's care needs and the care interventions staff must complete to meet their needs. This information was person-centred and reflected each resident's individual care preferences and usual routines.

There were two residents with wounds on the day of this inspection and their wound care plans and monitoring procedures to ensure their wounds were of healing reflected evidence based wound care procedures.

Residents' care plans were regularly updated in consultation with residents and their representatives, as appropriate.

Judgment: Compliant

## Regulation 6: Health care

Residents had timely access to their general practitioner (GP), allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists as necessary. The provider had ensured where there were any delays with access to community allied health specialist services, arrangements were in place for residents for alternative access to these services. An on-call medical service was accessible to residents out-of-hours, as needed. Residents were supported to safely attend out-patient and other health related appointments.

Judgment: Compliant

## Regulation 8: Protection

The centre had policies and procedures in place to protect residents from abuse. The provider ensured that staff were facilitated to attend safeguarding residents from abuse training. Staff were aware of the reporting procedures and of their responsibility to report any concerns they may have regarding residents' safety in the centre. Residents confirmed to the inspector that they felt safe in the centre.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider had not ensured that residents' rights to carry out personal activities in private were upheld as follows;

- Two of the four residents' privacy needs could not be met in two twin-occupancy bedrooms as the privacy curtains surrounding one resident's bed spaces in each of these bedrooms were not fitted to enclose their bed spaces. This meant that these residents could not carry out personal activities in private.
- One resident in one of the twin-occupancy bedrooms could not access the en-suite toilet and shower without passing through the other resident's bed space. This layout meant that the residents could not carry out personal activities in private.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Cuan Chaitriona Nursing Home OSV-0000334

Inspection ID: MON-0043520

Date of inspection: 21/01/2025

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Engineers have carried out a fire safety risk assessment ("FSRA") and a fire door survey of the Centre on the 18th March 2025. Upon receipt of the FRSA and the fire door survey resources will be allocated immediately to enable any deficits identified to be addressed in a timely manner.</p> <p>The risks will be rated and resources will be allocated to the greatest risks first so that they are immediately addressed.</p> <p>A review of the three twin bedrooms has been carried out. Bedroom 78; we will move the bed to the original position once the privacy curtain has been moved. Bedroom 34; the bed has been moved to the original position. Bedroom 58; the position of the bed has been changed.</p> <p>All bedrooms have been audited to ensure that they meet the needs of the residents. A schedule of room audits is in place and an action plan will be prepared to address any identified deficits.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p>	

- Following review-policies and procedures are all currently dated.
- In accordance with the fire policy the frequency and procedure for checking of fire doors has now been implemented into practice with immediate effect. The maintenance personnel are responsible for completing thorough weekly checks and documenting their findings in the fire book. An online B6 PCCE Training – 1/2-day, Fire Door Inspection Course has been sourced by our training facilitator and all maintenance personnel will be attending said course.

Regulation 12: Personal possessions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

- Following review of the wardrobe and storage in the three twin bedrooms, a plan to redesign the layout of storage and the addition of new shelving will address concerns regarding residents not being able to maintain control of their possessions and will reduce the risk of their possessions in their wardrobes being accessed by others without their knowledge and consent.
- Additional shelving will be installed in all twin bedrooms
- With the new layout and plan to redesign as mentioned above-all residents bedside lockers will be placed by the bedside appropriately.
- Following this review any actions required in relation to these issues will be carried out to completion by the 30th of June 2025.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- Following a review of the three twin bedrooms, the redesigned layout will now encompass a more homely setting to ensure that residents have adequate space to sit in a chair by their bedside without obstructing their access to any other part of their bedroom.
- Following review of the wardrobe and storage in the three twin bedrooms a plan to redesign the layout of storage and the addition of new shelving will address concerns regarding residents not having adequate access to their wardrobe and will also create more circulation space around the residents' bed. The television will be refitted at a safe level to eliminate risk to residents.
- Following this review any actions required in relation to these issues will be carried out to completion by the 30th of June.
- The electrician was informed that call bells needed to be fitted in the Snoezelen and

the Visitor's Tea Room on the 22/01/25 and he advised that these works would be completed by the 31/03/2025.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Engineers have carried out a fire safety risk assessment ("FSRA") and a fire door survey of the Centre on the 18th March 2025. Once the report has been received a full programme of works will be carried out on the fire doors and any other items identified in the FSRA, including the timber ceilings.

- In accordance with the fire policy the frequency and procedure for checking fire doors has now been implemented into practice with immediate effect. The maintenance personnel are responsible for completing thorough weekly checks and documenting their findings in the fire book. An online B6 PCCE Training – 1/2-day, Fire Door Inspection Course has been sourced by our training facilitator and all maintenance personnel will be attending said course.
- A full review of the fire alarm system has been carried out by a competent person on the 20/03/2025. The system will be upgraded following this review to include any other issues identified during their assessment, if necessary.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Following the review and redesign of the twin bedrooms a curtain company has been contacted and will be out to measure up for new privacy curtains in April 2025.
- The redesign of the twin bedrooms will allow for privacy curtain rails to be hung appropriately ensuring that residents do not have to pass through each other's personal space to access their ensuite facilities.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	30/06/2025
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to	Substantially Compliant	Yellow	30/06/2025

	store and maintain his or her clothes and other personal possessions.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/03/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	30/06/2025
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	15/04/2025
Regulation 28(2)(i)	The registered provider shall make adequate	Not Compliant	Orange	15/04/2025

	arrangements for detecting, containing and extinguishing fires.			
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	25/03/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/04/2025